

WHAT IS ALBANY LEAD?



In April 2016, the City of Albany implemented a groundbreaking, innovative public safety and public health intervention that aimed to reorient the City's approach to substance use, mental health, and poverty-driven contact with law enforcement. This initiative, called Law Enforcement Assisted Diversion (LEAD®) is built on an approach that understands that these issues are complex and difficult to easily improve, recognizes that behavior change is often a messy and lengthy process, and acknowledges that individual and systemic barriers often require a true "meeting of a person where they're at." This underlying philosophy, called "harm reduction" leads to service delivery that is non-judgmental, non-coercive, and person-centered.

How does it work?

In LEAD, individuals who would typically be arrested and jailed for low-level offenses often driven by psychosocial challenges are instead diverted to harm reduction-based case management and outreach services. One key feature of the project is the continuous communication loop that occurs post-diversion between case management staff, service providers, LEAD stakeholders, and the Albany Police Department. This allows all parties in this communication loop to understand the individual needs of the participant and the importance of meeting the participant where they are at in a non-judgmental, non-coercive manner. Unlike many other models, services delivered to LEAD participants are extremely active and focused on engagement.

What Does Albany LEAD Seek to Accomplish?

LEAD aligns its goals with the following principles:

- **Reorient** government's response to safety, disorder, and health-related problems.
- **Improve** public safety and public health through research based, health oriented and harm reduction intervention
- **Reduce** the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty
- **Address** racial disparities in the front end of the criminal justice system
- **Sustain** funding for public health responses to behavioral health issues by capturing and reinvesting justice system savings
- **Strengthen** the relationship between law enforcement and the community

Who is Involved with Albany LEAD?

The key stakeholders are: The Albany Office of the Mayor, Albany Police Department, Albany County Executive (which includes multiple agencies like Department of Mental Health and the Public Defenders), Albany County District Attorney, Albany County Sheriff, Central District Management Association (business improvement district), Catholic Charities Care Coordination Services, the Center for Law and Justice, and the Katal Center for Health, Equity, and Justice. Multiple service provider agencies and other entities play key roles in ensuring quality of services for LEAD participants.

How is the Community Involved in Albany LEAD?

Albany LEAD was developed as the result of community demands to develop new approaches to achieve public safety and health. In 2016, a Community Leadership Team (CLT) was formed as a vehicle for community members who were not otherwise connected to the LEAD process to provide input, ask questions, and help hold the program accountable to community demands for reform. The CLT provides the community with an additional avenue for input into the program. In Albany, the CLT is coordinated through the Center for Law and Justice. The group has also mounted an educational campaign which engages area businesses about LEAD.

ALBANY LEAD STAKEHOLDERS & ROLES



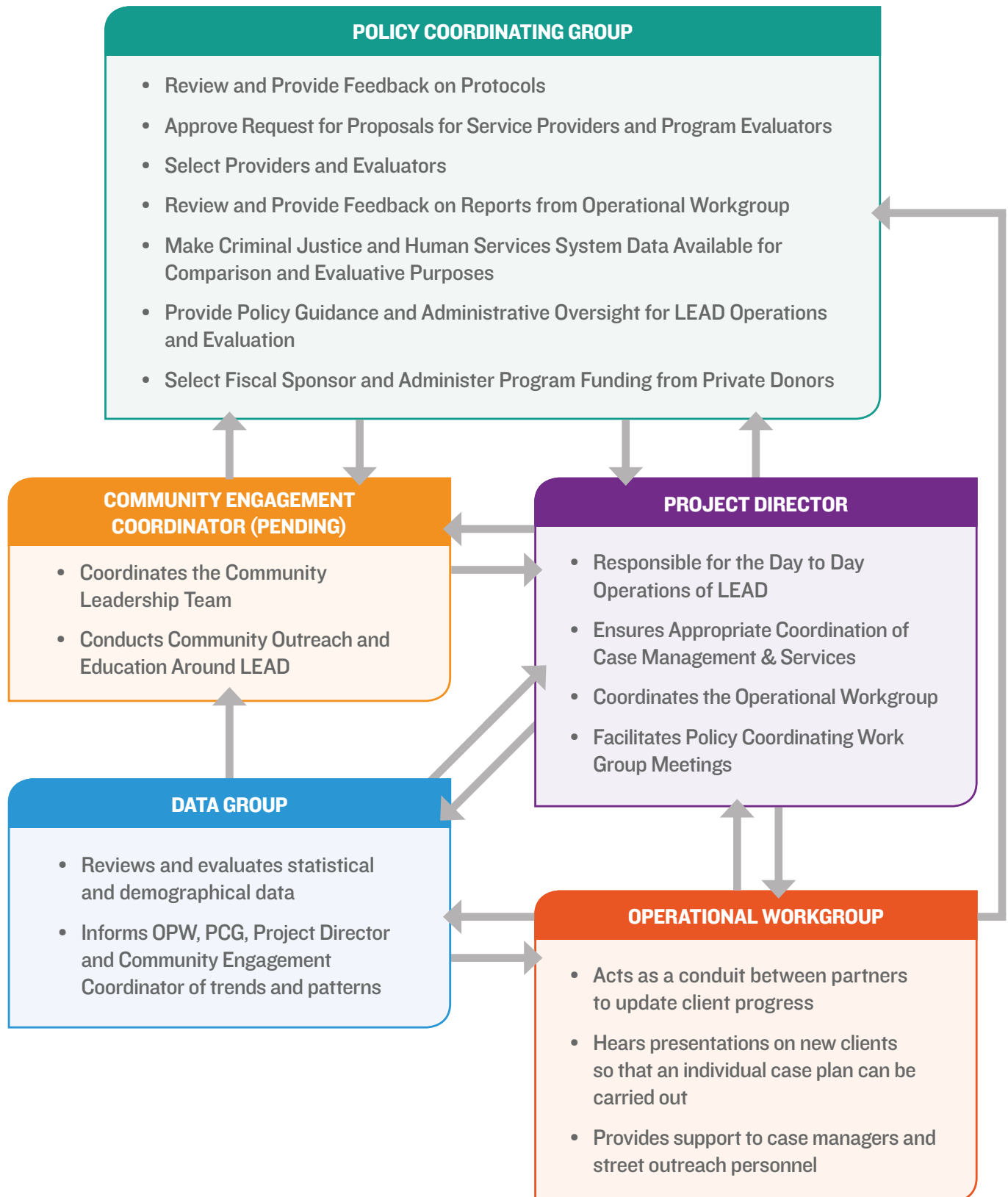
| Albany LEAD MOU Partners and Roles | |
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| City of Albany, Office of the Mayor | Committed to providing staff towards implementation, execution, and sustainability of LEAD. Appointed qualified senior staff member to PCG. Directed police department to make LEAD a priority and is committed to addressing racial and ethnic disparities. |
| Albany Police Department | Committed to participate in LEAD on operational and policy level. Trained all sworn officers on the LEAD initiative and the principles of harm reduction. Have dedicated staff to the PCG and OPW. |
| Albany County Executive's Office | Committed to participate in the LEAD initiative and has dedicated senior staff to the PCG and OPW. Executive level staff from the County Departments of Health, Mental Health, the Office of the Public Defender, and the Probation Department play key roles at the PCG and OPW. The Departments of Health and Mental Health provide support at the PCG and OPW and consultation and technical assistance in connecting LEAD clients to appropriate services. The Public Defender's Office provides support at the PCG and OPW to ensure that LEAD clients receive legal services. The Probation Department provides support at the OPW for any LEAD client that is on supervision. |
| Albany County District Attorney's Office | Committed to participate in the LEAD initiative and assign an Assistant District Attorney, or other prosecuting attorney, to the PCG and OPW. |
| Albany County Sheriff's Department | Committed to participate in the LEAD initiative and assign senior level staff to the OPW and PCG. ACSO will eventually become an active agency diverting arrests and making referrals. |
| Central District Management Association | Assigns staff who attend and actively engage in policy and outreach meetings representing the business and property owners in the BID area. Acts in an advisory and advocacy capacity for the LEAD partners. |
| The Center for Law and Justice | Committed to supervising the LEAD Community Outreach Coordinator and assisting with community organizing and outreach efforts. Assists in communicating the LEAD process in other jurisdictions. |
| The Katal Center for Health, Equity, and Justice | Participates in an advisory capacity and assists the PCG with advocacy, fundraising, document drafting, stakeholder consultation, troubleshooting, and technical assistance. Will provide support for the Project Manager. <i>*The original entity serving as project manager was the Drug Policy Alliance. In 2016, Katal took over as project manager, via its role as a LEAD technical service provider.</i> |

| MOU Addendum for Service Providers | |
|---|---|
| Catholic Charities Care Coordination Services | Will assist in the development and implementation of LEAD. Will provide technical assistance as an expert in direct case management/case coordination and harm reduction services. <i>*Since MOU was signed and executed CCS is now the case management provider for LEAD through a contract with Albany Medical Center.</i> |
| St. Catherine's Center for Children | Will assist in the development and implementation of LEAD. Will provide technical assistance as an expert in direct case management/case coordination and harm reduction services. |
| The Addictions Care Center of Albany | Will assist in the development and implementation of LEAD. Will serve as an expert technical advisor in Substance Use Disorder prevention and community education. |

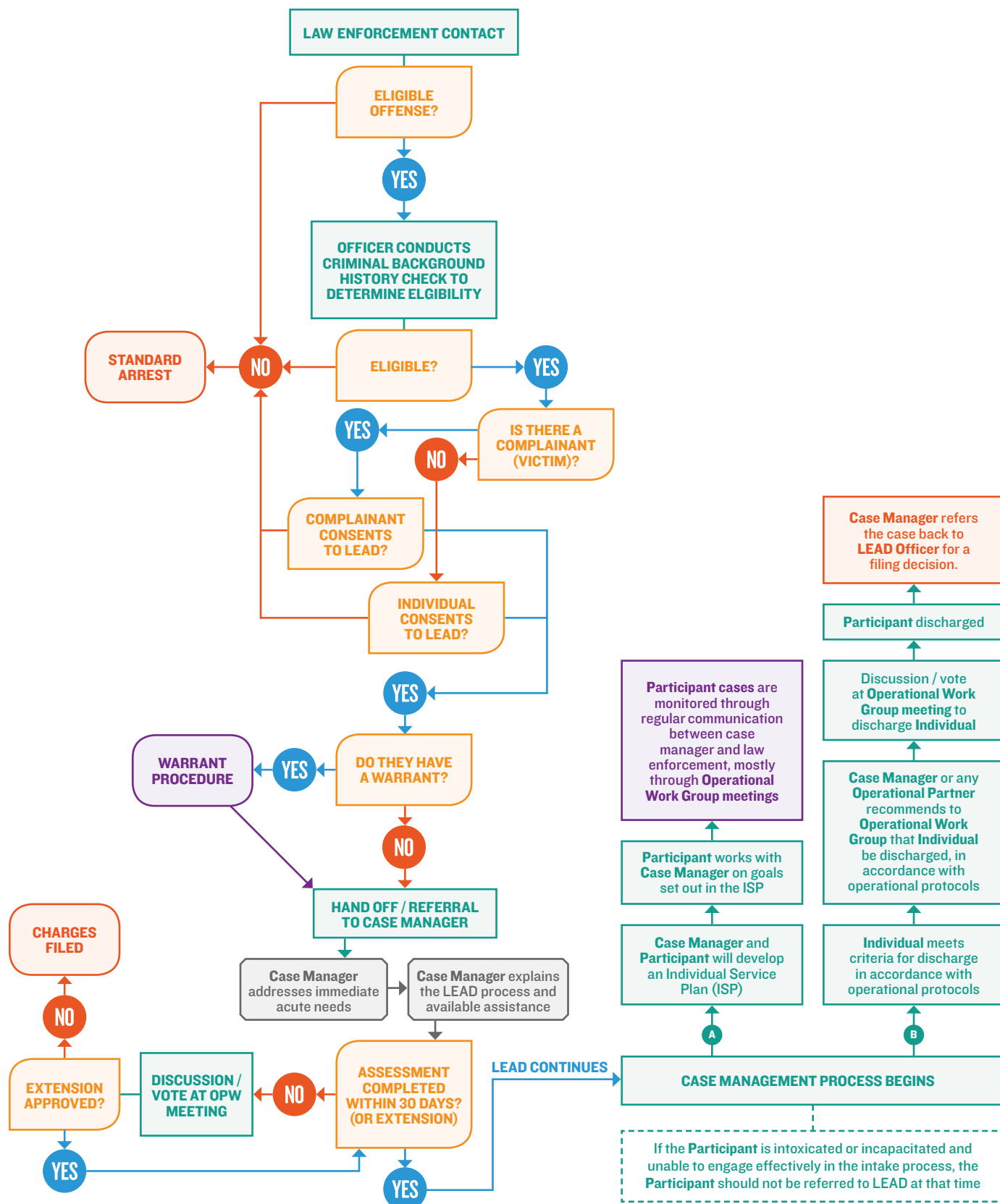
| Other Attendees | |
|---|--|
| Finn Institute | Contracted to conduct process evaluation through NYS DCJS. |
| Catholic Charities Drug User Health Hub | Provide 24-hour outreach, engagement, and harm reduction services to LEAD referrals and non-LEAD clients. This increases the capacity for services and builds a foundation for social contact referrals. |
| Governor's Office of Public Safety | Interest in replication statewide and potential for state resources for Albany LEAD. |
| NYS CORE Initiative | Interest in cross system design and connection with CORE initiative in Albany and Newburgh. |
| New Horizons Christian Church | Community input and outreach. Part of the Community Leadership Team. |
| ROOTS | Community input and outreach. Part of the Community Leadership Team. |

For more information, please contact Keith Brown, MPH, Director of Health and Harm Reduction, Katal Center for Health, Equity, and Justice.
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ALBANY LEAD FLOW CHART



SEQUENCE OF ARREST / DIVERSION



ALBANY LEAD PARTICIPANT ELIGIBILITY CRITERIA



FROM THE OPERATIONAL PROTOCOL, CURRENT VERSION 1.2.20

Summary

There are a range of criminal offenses eligible for diversion, but it might be most helpful to consider what offenses are *ineligible*. Exclusions focus on individuals with convictions for certain violent crimes as well as for certain types of warrants. The outline below provide a diversion criteria; for more details about the diversion process, please refer to the Operational Protocol, available from any LEAD Operational Work Group member.

Note about consent: Any individual diverted into LEAD must provide consent to diversion after being informed about the project and its requirements by the responding officer. In cases where there is a complainant (victim), they, too, must consent to diversion.

Diversion Criteria

Adults who have a known history of alcohol, drug, poverty, homelessness, or mental health related needs, will be eligible for diversion to the LEAD program, and should be diverted to LEAD in the pre-arrest phases, when probable cause exists that the individual committed any of the following offense(s):

- a. Criminal Possession of a Controlled Substance in the Fifth Degree;
- b. Non-Violent Penal Law Misdemeanor(s);
- c. Non-Violent Penal Law Violation(s); or
- d. Non-Violent General City Ordinance Violation(s); and
 - i. The complainant is willing to decline prosecution, if applicable, in order to allow the offender to proceed with diversion processes; and
 - ii. The individual committed the offense(s) in relation to an alcohol, drug, poverty, homelessness, or mental health related need.

Exclusion Criteria

Adults shall be considered *temporarily* ineligible for diversion to LEAD if, at the time of initial police contact, the individual meets any of the following criteria:

1. The individual does not appear amenable to diversion.
2. The individual exploits minors or others.

3. There is probable cause to believe the individual committed a violent offense.
4. There is probable cause to believe the individual committed a felony, any type, except Criminal Possession of a Controlled Substance in the Fifth Degree.
5. There is probable cause to believe the individual committed promoting prostitution in the fourth degree or prostitution in a school zone offense.
6. There is probable cause to believe the individual violated an order of protection.
7. There is probable cause to believe the individual committed a domestic violence offense.
8. The individual is currently under the supervision of Parole.
9. The individual is a registered sex offender.
10. The individual is in need of acute emergency care and is taken into custody under the NYS Mental Hygiene Law Section 9.41.
11. The individual is under the age of sixteen (16) years old.
12. The individual is permanently disqualified from the LEAD program if they have ever been convicted of any of the following offenses (including attempts):
 - a. Murder 1st or 2nd
 - b. Arson 1st or 2nd
 - c. Robbery 1st
 - d. Assault 1st
13. The individual is temporarily disqualified from the LEAD program if they have ever been convicted of any of the following offenses within the past ten (10) years (including attempts)
 - a. Robbery 2nd
 - b. Assault 2nd
 - c. Burglary 1st or 2nd
 - d. Criminal Possession of a Weapon 3rd

The diversion and exclusion criteria is reviewed regularly in the Albany LEAD Operational Work Group.

RECOMMENDED COMPONENTS AND CONDITIONS FOR DEVELOPING A SUCCESSFUL ARREST DIVERSION PROGRAM



As jurisdictions across New York State and the Northeast explore and develop community-based pre-arrest diversion models like Law Enforcement Assisted Diversion (LEAD), it is crucial to understand the components and conditions necessary for successful projects. While not exhaustive, this document outlines several key elements based on the Albany LEAD experience.

Community anchor (organization): Community members must be engaged in the process of creating the program—they need to be involved to shape it and hold it accountable. Thus, the process must be anchored by a community organization to be effective. This group must have legitimacy on the ground and with communities directly impacted by mass incarceration. The community based organization may wish to adopt or support a Community Leadership Team to expand the reach of community engagement in the process. The community group must be resourced to anchor this process.

Police buy-in: While it is important to organize the police to practice diversion, the program won't work if the police are not also at the table to help design it. Training and buy-in around harm reduction is essential. The police should dedicate a supervisor to be the point person for operations.

Project manager: No one group or agency “owns” LEAD. It is a collaborative engagement; it only works through multiple partners coming together and agreeing to work together to transform practices and achieve better outcomes. Because no one group “owns” LEAD, it works best when there is a project manager who facilitates and convenes the body of stakeholders in the process of developing, implementing, and running the program. The project manager should be housed at a community organization or service provider, not at a law enforcement agency.

Case managers: It is essential to have case managers who manage the day-to-day needs of the clients through street based case management. Case managers should be placed at a local harm reduction agency or another agency that: 1.) demonstrates a history of effective case management and 2.) has a demonstrated history of implementing harm reduction practices and approaches. This is something that can possibly be funded through Medicaid in expansion states (as in Albany, NY). Each case manager should not exceed 25-30 active clients due to the complex needs of program participants.

Outreach workers: The program needs a handful of peer outreach workers who can be on the street and in the community to assist with locating and engaging participants.

Service providers: Partnering service providers are essential to the process—this is different from case managers. Non-displacement is important here, so service providers may have to expand or adapt to accommodate more people. Those in the diversion program shouldn't get to the “front of the service line” ahead of others who are receiving services, otherwise it incentivizes net-widening. There can be initial resistance by service providers because of this and of perceived service duplication.

District Attorney engagement: It is important to have involvement of the DA's office once the program really starts to grow. This is because many participants are likely to have open cases or warrants. DA office involvement and cooperation will be instrumental to ensuring diversion actually happens.

Public defender engagement: Every participant with an open case needs a public defender who works as an advocate for participants to protect their legal rights.

Data collection, reporting, and evaluations—process and outcome: Data collection, reporting, and evaluations are absolutely essential. If funding can be allocated for a research partner to manage and report on data from the program, that's ideal. Sometimes local universities can be engaged to serve as the research partner. Independent process and outcome evaluations are also needed. Again, it can be difficult to find funding for these, so finding an academic institution to play this role can be a viable option. Finally, setting up a data workgroup, which meets regularly and involves community members, can serve as a step toward transparency.

Travel and training for key stakeholders: The team of local stakeholders building a program—including community members, service providers, police and prosecutors—will benefit from a trip to an existing diversion site to see how it works—like Albany, Baltimore, or Seattle.